



**Connecticut Department of  
Energy & Environmental Protection**  
Bureau of Materials Management & Compliance Assurance  
Water Permitting & Enforcement Division

# General Permit Registration Form for the Discharge of Stormwater from Small Municipal Separate Storm Sewer Systems (MS4)

<b>CPPU USE ONLY</b>
App #: _____
Doc #: _____
Check #: _____
<b>Program: Stormwater Permits</b>

Please complete this form in accordance with the general permit ([DEEP-WPED-GP-021](#)) in order to ensure the proper handling of your registration. Please print or type unless otherwise noted. The Registration fee must be submitted with this registration.

### Part I: Registration Type

<p>1. This registration is for a (check one):</p> <p><input type="checkbox"/> <i>New general permit registration</i></p> <p><input checked="" type="checkbox"/> <i>Renewal of an existing registration</i></p> <p><input type="checkbox"/> <i>A modification of an existing registration</i></p>	<p>For renewals or modifications:</p> <p>Existing permit number: GSM <b>000108</b> _____</p>
<b>2. Registrant Type (check one):</b>	<b>Fees</b>
<input type="checkbox"/> state institution/agency	\$625.00 [513]
<input type="checkbox"/> federal institution/agency	\$625.00 [513]
<input checked="" type="checkbox"/> municipality	\$312.50 [513]
3. Municipality name or Municipality where institution is located: <u>TOWN OF EASTON</u> _____	
<p>The registration will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection or by such other method as the commissioner may allow.</p>	

### Part II: Registrant Information

1. Registrant (Name of Municipality or State or Federal Institution/Agency): TOWN OF EASTON	
Mailing Address: 15 WESTPORT ROAD	
City/Town: EASTON	State: CT      Zip Code: 06612
Business Phone: 203-268-0714	ext.:
Contact Person: Bruce E. Bombero, Sr.	Phone: 203-268-0714      ext.
*E-mail: eastondpw@eastonct.gov	
<p>*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.</p>	

**Part II: Registrant Information (continued)**

**2. Billing contact, if different than the registrant.**

Name:  
Mailing Address:  
City/Town: State: Zip Code:  
Business Phone: ext.:  
Contact Person: Phone: ext.  
\*E-mail:

**3. Primary contact for departmental correspondence and inquiries, if different than the registrant.**

Name:  
Mailing Address:  
City/Town: State: Zip Code:  
Business Phone: ext.:  
Contact Person: Phone: ext.  
\*E-mail:

**4. Attorney or other representative, if applicable:**

Firm Name:  
Mailing Address:  
City/Town: State: Zip Code:  
Business Phone: ext.:  
Attorney: Phone: ext.  
\*E-mail:

**5. Facility Operator, if different than the registrant:**

Name:  
Mailing Address:  
City/Town: State: Zip Code:  
Business Phone: ext.:  
Contact Person: Phone: ext.  
\*E-mail:

**7. Engineer(s) or other consultant(s) employed or retained to assist in preparing the registration or in designing or constructing the activity.**  Check here if additional sheets are necessary, and label and attach them to this sheet.

Name: **Bruce E. Bombero, Sr., P.E.,L.S.**  
Mailing Address: 15 Westport Road  
City/Town: Easton State: CT Zip Code: 06612  
Business Phone: 203-268-0714 ext.:  
Contact Person: Edward Nagy Phone: 203-268-0714 ext.  
\*E-mail: eastondpw@eastonct.gov  
Service Provided:

**8.**  Check here if there are adjacent towns or other entities with which implementation of the Stormwater Management Plan is coordinated for a portion of the subject MS4. If so, provide the names of such towns or entities: \_\_\_\_\_

**Part III: Watershed Information**

**Provide the following information about the receiving water(s) that receive stormwater runoff from your MS4:**

The watershed ID and impaired waters status can be found on the CT ECO website: <http://ctecoapp1.uconn.edu/advancedviewer/>

a) To what receiving stream, watershed or waterbody does your MS4 discharge?	b) What is your watershed ID (freshwater) or 305b ID (estuary)?	c.1) Is the receiving water identified as an impaired water?	If you answered yes to question c.1, then answer the question below.  c.2) Has any Total Maximum Daily Load (TMDL) been approved for your receiving waterbody?  For more information, go to <a href="http://www.ct.gov/deep/tmdl">www.ct.gov/deep/tmdl</a>	If you answered yes to question c.2, then answer the question below.  If TMDL, identify the impairment
Mill River	7108	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	E Coli
Hemlock Reservoir	7107	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Aspetuck River	7202	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Check here if there are more receiving watersheds and attach an additional sheet listing them with the required information requested above.

**Part IV: MS4 Information**

1. Name of Municipality or State or Federal Institution/Agency : **TOWN OF EASTON**

Primary Address or Location Description: **225 Center Road**

City/Town: **Easton**

State: **CT**

Zip Code: **06612**

2. **INDIAN LANDS:** Is there any activity included in, or proposed to be implemented by, your Stormwater Management Plan that will be located on federally recognized Indian lands?  Yes  No

3. **COASTAL BOUNDARY:** Is there any *new* activity included in, or proposed to be implemented by, your Stormwater Management Plan that will be located within the coastal boundary as delineated on DEEP approved coastal boundary maps?

Yes  No

If yes, and this registration is for a new authorization or a modification of an existing authorization where the physical footprint of the subject activity is modified, your Stormwater Management Plan must contain provisions to assure compliance with [Connecticut's Coastal Management Act \(CCMA\)](#), sections 22a-90 through 22a-112 of the Connecticut General Statutes (CGS), as amended.

Information on the coastal boundary is available at [www.cteco.uconn.edu/map\\_catalog.asp](http://www.cteco.uconn.edu/map_catalog.asp) (Select the town and then select coastal boundary. If the town is not within the coastal boundary you will not be able to select the coastal boundary map.) or the local town hall or on the "Coastal Boundary Map" available at DEEP Maps and Publications (860-424-3555).

4. **ENDANGERED OR THREATENED SPECIES:** According to the most current "State and Federal Listed Species and Natural Communities Map", is there any *new* activity included in, or proposed to be implemented by, your Stormwater Management Plan, that will be located within an area identified as a habitat for endangered, threatened or special concern species?

Yes  No Date of Map: **December 2016**

If yes, your Stormwater Management Plan must contain provisions to assure compliance with the [State Endangered Species Act CGS section 26-310\(a\)](#).

For more information visit the DEEP website at [www.ct.gov/deep/nddbrequest](http://www.ct.gov/deep/nddbrequest) or call the NDDB at 860-424-3011.

5. **AQUIFER PROTECTION AREAS:** Is the MS4 or any portion of the MS4 located within a mapped Level A or Level B [Aquifer Protection Area](#), as defined in CGS section 22a-354a through 22a-354bb?

Yes  No

If yes, your Stormwater Management Plan must contain provisions to assure compliance with the Aquifer Protection Regulations (section 22a-354i(1)-(10) of the Regulations of Connecticut State Agencies).

For more information on the Aquifer Protection Area Program visit the DEEP website at [www.ct.gov/deep/aquiferprotection](http://www.ct.gov/deep/aquiferprotection) or contact the program at 860-424-3020.

6. **CONSERVATION OR PRESERVATION RESTRICTION:** Is there any *new* activity included in, or proposed to be implemented by, your Stormwater Management Plan that will be located within a conservation or preservation restriction area?

Yes  No

If Yes, your Stormwater Management Plan must contain provisions to assure compliance with CGS section 47-42d where proof of written notice of this registration to the holder of such restriction or a letter from the holder of such restriction verifying that this registration is in compliance with the terms of the restriction, must be-kept on site.

#### Part IV: MS4 Information (Continued)

7. **STATE AND FEDERAL HISTORIC PRESERVATION:** Is there any activity included in, or proposed to be implemented by, your Stormwater Management Plan that may result in impacts or potential effects on historic properties?  Yes  No

If Yes, your Stormwater Management Plan must contain provisions to assure consistency with the [state Historic Preservation statutes, regulations, and policies](#) including identification of any potential impacts on property listed or eligible for listing on the Connecticut Register of Historic Places. A review conducted for an Army Corps of Engineers Section 404 wetland permit would meet this qualification.

8. **DISCHARGE TO IMPAIRED WATERS:** Is there any activity included in, or proposed to be implemented by, your Stormwater Management Plan that will result in a **new or increased** discharge from the MS4 to waters listed as impaired in the most recent [Connecticut Integrated Water Quality Report](#) pursuant to Clean Water Act section 303(d) and 305(b)?

Yes  No

If Yes, your Stormwater Management Plan must demonstrate that there is no net increase in loading to the impaired water of the pollutant for which the waterbody is impaired.

9. **DISCHARGE TO HIGH QUALITY WATERS:** Any **new or increased** stormwater discharge to high quality waters shall be discharged in accordance with the Connecticut Anti-Degradation Implementation Policy in the [Water Quality Standards](#).

#### Part V: Supporting Documentation

Check the applicable box below for each attachment being submitted with this registration form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the registrant's name as indicated on this registration form.

- Attachment A: Stormwater Management Plan: **(REQUIRED for ALL registrants)**  
 Provide URL: eastonct.gov  
**or**  
 submit an electronic copy to the web address indicated at the end of this form.
- Attachment B: An 8 1/2" X 11" copy of the relevant portion or a full-sized original of a USGS Quadrangle Map indicating the exact location of the MS4/Institution/Agency. Indicate the quadrangle name on the map. **(REQUIRED for ALL registrants)**
- Attachment C: Best Management Practices Table (attached to this form) **(REQUIRED for ALL registrants)**

**Part VI: Registrant Certification**

The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered insufficient unless *all* required signatures are provided **and are the proper signatory authority**. (If the registrant is the preparer, please mark N/A in the spaces provided for the preparer.)

<p>"I hereby certify that I am making this certification in connection with a registration under the General Permit for the Discharge of Stormwater from Small Municipal Separate Storm Sewer Systems (MS4), submitted to the commissioner by the Town of Easton for an activity located at or within the Town of Easton, and that all terms and conditions of the general permit are being met for all discharges which have been initiated and such activity is eligible for authorization under such permit. I further certify that a system is in place to ensure that all terms and conditions of this general permit will continue to be met for all discharges authorized by this general permit at the site. I certify that the registration filed pursuant to this general permit is on complete and accurate forms as prescribed by the commissioner without alteration of their text. I certify that I have personally examined and am familiar with the information that provides the basis for this certification, including but not limited to all information described in Section 3(b)(8)(A) of such general permit, and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining such information, that the information upon which this certification is based is true, accurate and complete to the best of my knowledge and belief. I certify that I have made an affirmative determination in accordance with Section 3(b)(8)(B) of this general permit. I understand that the registration filed in connection with such general permit is submitted in accordance with and shall comply with the requirements of section 22a-430b of Connecticut General Statutes. I also understand that knowingly making any false statement made in the submitted information and in this certification may be punishable as a criminal offense, including the possibility of fine and imprisonment, under section 53a-157b of the Connecticut General Statutes and any other applicable law."</p>	
<p>_____ Signature of Registrant/Authorized Representative</p>	<p>4/25/17. Date</p>
<p>Bruce E. Bombero, Sr., P.E., L.S.</p>	<p>Deputy Director of Public Works/Assist. Town Engineer</p>
<p>_____ Printed Name of Registrant/Authorized Representative</p>	<p>_____ Title (if applicable)</p>
<p>_____ Signature of Preparer (if different than above)</p>	<p>_____ Date</p>
<p>_____ Printed Name of Preparer</p>	<p>_____ Title (if applicable)</p>
<p><input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. Signatures of any person preparing any report or parts thereof required in this registration (i.e., professional engineers, surveyors, soil scientists, consultants, etc.) must be included.</p>	

**Part VII: Qualified Professional Certification**

The qualified professional, as defined in the subject general permit, must sign this part. A registration will be considered insufficient unless *all* required signatures are provided **and are the proper signatory authority.**

"I hereby certify that I am a qualified professional engineer, as defined in the General Permit for the Discharge of Stormwater from Small Municipal Separate Storm Sewer Systems. I am making this certification in connection with a registration under such general permit, submitted to the Commissioner by the Town of Easton for an activity located at or within the Town of Easton. I have personally examined and am familiar with the information that provides the basis for this certification, including but not limited to all information described in Section 3(b)(9)(A) of such general permit, and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining such information, that the information upon which this certification is based is true, accurate and complete to the best of my knowledge and belief. I certify, based on my review of all information described in Section 3(b)(9)(A) of such general permit and on the standard of care for such projects, that I have made an affirmative determination in accordance with Section 3(b)(9)(B) of this general permit. I understand that this certification is part of a registration submitted in accordance with section 22a-430b of Connecticut General Statutes and is subject to the requirements and responsibilities for a qualified professional in such statute. I also understand that knowingly making any false statement in this certification may be punishable as a criminal offense, including the possibility of fine and imprisonment, under section 53a-157b of the Connecticut General Statutes and any other applicable law."

Nothing in this section shall be construed to authorize a professional engineer or a landscape architect to engage in any profession or occupation requiring a license under any other provision of the general statutes without such license.

Signature of Qualified Professional	4/25/17
Bruce E. Bombero, Sr., P.E., L.S.	Date
Printed Name of Qualified Professional	Deputy Dir. of Public Works/Assist. Town Eng.
P.E.L.0015795	Title (if applicable)
Qualified Professional License Number	
Signature of Preparer (if different than above)	Date
Printed Name of Preparer	Title (if applicable)
<input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. Signatures of any person preparing any report or parts thereof required in this registration (i.e., professional engineers, surveyors, soil scientists, consultants, etc.) must be included.	

All completed and supporting materials (along with the fee) are to be submitted to:  
 CENTRAL PERMIT PROCESSING UNIT  
 DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION  
 79 ELM STREET  
 HARTFORD, CT 06106-5127

An electronic copy must also be sent to [DEEP.StormwaterStaff@ct.gov](mailto:DEEP.StormwaterStaff@ct.gov)

## Best Management Practices (BMPs)

For each Minimum Control Measure (MCM), list existing or proposed BMPs, the department/parties that will be responsible for implementing each BMP, the goals(s) you expect to achieve, and the month and year that the BMP will be implemented. Please note that certain mandatory minimum BMPs identified in the MS4 General Permit are already listed.

Name of City/Town: **EASTON**

Name of Institution (if applicable):

Address:

Existing permit number (if applicable): GSM **000108**

	<b>MCM(1) Public Education and Outreach</b>	<b>Responsible Department/Parties</b>	<b>Measurable Goal</b>	<b>Month/Year of Implementation</b>
1-1	Implement public education program	<b>Director of Public Works</b>	<b>See 2016 Stormwater Annual Report</b>	<b>Jan 2005</b>
1-2	Address education/outreach for pollutants of concern	<b>Director of Public Works</b>	<b>See 2016 Stormwater Annual Report</b>	<b>Jan 2005</b>
1-3				
1-4				
1-5				
1-5				
1-7				
1-8				
1-9				
1-10				
	<b>MCM(2) Public Involvement/Participation</b>	<b>Responsible Department/Parties</b>	<b>Measurable Goal</b>	<b>Month/Year of Implementation</b>
2-1	Comply with public notice requirements for the Stormwater Management Plan and Annual Reports	<b>Director of Public Works</b>	<b>See 2016 Stormwater Annual Report</b>	<b>Jan 2005</b>
2-2				
2-3				
2-4				
2-5				
2-6				
2-7				
2-8				
2-9				
2-10				

## BMPs (continued)

<b>MCM(3) Illicit Discharge Detection &amp; Elimination</b>		<b>Responsible Department/Parties</b>	<b>Measurable Goal</b>	<b>Month/Year of Implementation</b>
3-1	Develop written IDDE program	PWD / Health Dept.	See 2016 Stormwater Annual Report	Jan 2005
3-2	Develop list and maps of all MS4 stormwater outfalls in urbanized and priority areas	Public Works Dept.	See 2016 Stormwater Annual Report	Jan 2005
3-3	Develop citizen reporting program	Public Works Dept.	To be added to	July 2018
3-4	Establish legal authority to prohibit illicit discharges	PWD / Health Dept.	See 2016 Stormwater Annual Report	Jan 2005
3-5	Develop record keeping system for IDDE tracking	PWD / Health Dept.	See 2016 Stormwater Annual Report	Jan 2005
3-6	Address IDDE in areas with pollutants of concern	Public Works Dept.	See 2016 Stormwater Annual Report	Jan 2005
3-7				
3-8				
3-9				
3-10				
<b>MCM(4) Construction Site Runoff Control</b>		<b>Responsible Department/Parties</b>	<b>Measurable Goal</b>	<b>Month/Year of Implementation</b>
4-1	Implement, upgrade (as necessary) and enforce land use regs or other legal authority to meet requirements of MS4 general permit	Planning & Zoning Commission	P & Z Regs. as revised	Feb 2016
4-2	Develop/implement plan for interdepartmental coordination in site plan review and approval	Town Eng. / P & Z/IWWC	Yes	Jan 2005
4-3	Review site plans for stormwater quality concerns	Town Eng. / IWWC/P & Z	Yes	Jan 2005
4-4	Conduct site inspections	PWD / P & Z / IWWC	Yes	Jan 2005
4-5	Implement procedure to allow public comment on site development	PWD / P & Z	See 2016 SWP Annual Report	Jan 2005
4-6	Implement procedure to notify developers about DEEP construction stormwater permit	P & Z, IWWC & Town Eng.	See 2016 SWP Annual Report	Jan 2005
4-7				
4-8				
4-9				
4-10				

## BMPs (continued)

	<b>MCM(5) Post-Construction Stormwater Management</b>	<b>Responsible Department/Parties</b>	<b>Measurable Goal</b>	<b>Month/Year of Implementation</b>
5-1	Establish and/or update legal authority and guidelines regarding LID and runoff reduction in site development planning	<b>Planning &amp; Zoning Commission</b>	<b>Yes, Regulation under revision</b>	<b>Feb 2016</b>
5-2	Enforce LID/runoff reduction requirements for development and redevelopment projects	<b>Planning &amp; Zoning Commission</b>	<b>Yes, Regulation under revision</b>	<b>Feb 2016</b>
5-3	Implement long-term maintenance plan for stormwater basins and treatment structures	<b>P &amp; Z, Dir. of Public Works</b>	<b>On going, Maintenance Plan</b>	<b>Jan 2005</b>
5-4	DCIA mapping	<b>Town Engineer</b>	<b>The Town shall calculate the DCIA that contributes stormwater runoff to each MS4 outfall by July 1, 2018, and update calculations as DCIA is added or removed within the Town.</b>	<b>July 2018</b>
5-5	Address post-construction issues in areas with pollutants of concern	<b>P &amp; Z Enf. Off. / Dir. of P.W.</b>	<b>Yes</b>	<b>Jan 2005</b>
5-6				
5-7				
5-8				
5-9				
5-10				
	<b>MCM(6) Pollution Prevention/Good Housekeeping</b>	<b>Responsible Department/Parties</b>	<b>Measurable Goal</b>	<b>Month/Year of Implementation</b>
6-1	Develop/implement formal employee training program	<b>Director of Public Works</b>	<b>On going</b>	<b>2005</b>
6-2	Implement MS4 property and operations maintenance	<b>Director of Public Works</b>	<b>On going</b>	<b>2005</b>
6-3	Implement coordination with interconnected MS4s	<b>Director of Public Works</b>	<b>On going</b>	<b>2005</b>
6-4	Develop/implement program to control other sources of pollutants to the MS4	<b>P &amp; Z, Dir. of Public Works</b>	<b>See 2016 A. Report, On going</b>	<b>2005</b>
6-5	Evaluate additional measures for discharges to impaired waters	<b>P &amp; Rec. Director</b>	<b>Please refer to BMP 6.12, Parks and Open Space. Please refer to BMP 6.13, Pet Waste Management and BMP 6.14, Waterfowl Management.</b>	<b>Oct 2017</b>
6-6	Track projects that disconnect DCIA	<b>Director of Public Works</b>	<b>Track DCIA coverage annually, identify sites eligible for the 5-year "look back" credit, and develop a written Retrofit program by July 1, 2020, with a goal by reducing overall DCIA by 2% by July 1, 2022</b>	<b>July 2022</b>
6-7	Develop/implement infrastructure repair/rehab program	<b>Director of Public Works</b>	<b>On going</b>	<b>2005</b>
6-8	Develop/implement plan to identify/prioritize retrofit projects	<b>Dir. of Public Works /Town Eng</b>	<b>Identify required repairs, and keep an inventory of</b>	<b>Jan 2018</b>

			required repairs, and document when repairs have been made.	
6-9	Develop/implement street sweeping program	Director of Public Works	On going	2005
6-10	Develop/implement catch basin cleaning program	Director of Public Works	On going	2005
6-11	Develop/implement snow management practices	Director of Public Works	The Town shall develop and implement a written snow and ice management plan, including protocols for staff training and record maintenance and updated standard operating practices. The Town shall also document in its Annual Report the results of its snow removal program, including details on methods, materials used, lane-miles treated, staff training, program changes, and snow disposal methods.	July 2018
6-12	Park & Recreation	P & Rec. Director	The Town shall continue to follow existing optimization procedures for the application of fertilizers and proper disposal of grass clippings and leaves for Town-owned and-operated facilities, and document method of storage and quantities of fertilizer used.	Jul 2018
6-13	Pet Waste Management	P & Rec. Director	The Town shall identify locations within the community where pet waste threatens receiving water quality, and shall implement and enforce targeted management efforts to mitigate the impacts of pet waste. The Town will install education signage, pet waste baggies, and/or recreational locations within the Town where dog walking is allowed.	Jul 2018

6-14	<b>Waterfowl Management</b>	<b>Parks Superintendent</b>	<b>The Town will discourage the feeding of waterfowl through targeted techniques to educate the public about its detrimental impacts. The Town will also identify lands where waterfowl congregate and use targeted techniques to discourage their congregation.</b>	<b>Jul 2018</b>
	<b>Monitoring Requirements</b>	<b>Responsible Department/Parties</b>	<b>Measurable Goal</b>	<b>Month/Year of Implementation</b>
S-1	Outfall screening	<b>Town Engineer</b>	<b>Begin screening in accordance with the Written IDDE Plan</b>	<b>July 2018</b>
S-2	Inventory and mapping of discharges to impaired waters	<b>Town Engineer</b>	<b>Begin inventory and discharge mapping to impaired waters</b>	<b>Jan 2018</b>
S-3	Follow-up investigations of drainage areas	<b>Town Engineer</b>	<b>Begin follow-up investigations where screening indicates potential pollutant source contributions</b>	<b>Dec 2018</b>
S-4	Annual monitoring of priority outfalls	<b>Town Engineer</b>	<b>Select 6 outfalls and begin annual monitoring</b>	<b>July 2019</b>